



# CAMPBELL COUNTY DETENTION CENTER

Greg L. Buckler  
Jailer

## VISITOR / CLERGY / GROUP APPROVAL FORM

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_  
(Print)

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

Group / Church Name: \_\_\_\_\_

Address & Phone #: \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_

Deacon: \_\_\_\_\_ Pastor \_\_\_\_\_ Priest \_\_\_\_\_ Minister \_\_\_\_\_ Lay Minister \_\_\_\_\_

Type of Verification (Attached) \_\_\_\_\_

**Please attach a copy of a picture identification and/or Drivers License**

I give permission for Campbell County Detention Center to do a Criminal Background check to clear my visitation in the Campbell County Detention Center.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### OFFICE USE ONLY:

APPROVAL: YES: \_\_\_\_\_ NO: \_\_\_\_\_

OFFICER'S SIGNATURE: \_\_\_\_\_

COMMENTS: \_\_\_\_\_